## 2004 NOT-FOR-PROFIT CORPORATION

## DOCUMENT # N48692



94079893

**FILED** 

May 03, 2004 8:00 am Secretary of State

05-03-2004 90408 008 \*\*\*\*61.25

SUNBELT LIVING CENTERS, INC.

111 NORTH ORLANDO AVE.

WINTER PARK, FL 32789-3675

Principal Place of Business Mailing Address **602 COURTLAND STREET** 602 COURTLAND STREET **STE 200** STE 200 ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country

6. Name and Address of Current Registered Agent

I JPSIIIOS OSI OINNI LELLE MISSE ISIID SIES STOSI PLAIS EPRIT DIPIS ALBIS ALBISINI OI JPRI

|   | 04262004     | <sup>4</sup> Chg-NP    | CR2E037 (10/03) |                                   |  |  |  |
|---|--------------|------------------------|-----------------|-----------------------------------|--|--|--|
|   | 4. FEI Nun   |                        |                 | Applied For                       |  |  |  |
|   | 59-32        | 246597                 |                 | Not Applicable                    |  |  |  |
|   | 5. Certifica | ite of Status Desired  |                 | \$8.75 Additional<br>Fee Required |  |  |  |
|   | 7. Name a    | nd Address of New F    | legistered      | Agent                             |  |  |  |
| ( | P.O. Box Nun | nber is Not Acceptable | <br>B)          |                                   |  |  |  |
|   |              |                        |                 |                                   |  |  |  |
|   |              |                        |                 | Zip Code                          |  |  |  |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Name

City

Street Address

| SIGNATURE .                             | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |                                     |  |                                 |                            |   |                                    |            |  |
|---|--|-------------------------------------|--|---------------------------------|----------------------------|---|------------------------------------|------------|--|
| -                                       | Filing Fee is \$61.25<br>Due by May 1, 2004  | 9. Election Campa<br>Trust Fund Cor |  |                                 | \$5.00 May<br>Added to Fee | DB                                      | heck payable to<br>epartment of Si |            |  |
| 10. OFFICERS AND DIRECTO                |  |                                     | 11.  | ΑĊ                              | DITIONS/CI                 | HANGES TO OFFICERS AND                  | D DIRECTORS IN                     | 10         |  |
| TITLE . NAME STREET ADDRESS CITY-ST-ZIP | CD<br>WERNER, THOMAS L<br>111 N ORLANDO AVE<br>WINTER PARK, FL 32789   | Delete                              | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | PD                              |                            |   | <b>★</b> Change                    | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>SHAW, TERRY D<br>111 N ORLANDO AVE<br>WINTER PARK, FL 32789   | ☐ Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD                              |                            |   | <b>[</b> X] Change                 | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | STD<br>CENTER, RICHARD<br>3978 MEMORIAL DRIVE<br>DECATUR, GA 30032   | ☐ Delete                            | TITLE NAME STREET ADORESS CITY-ST-ZIP          |                                 |                            |   | ☐ Change                           | ☐ Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | SD<br>SKILTON, GARY<br>111 N ORLANDO AVE<br>WINTER PARK, FL 32789  | ☐ Delete                            | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | TD                              |                            |   | <b>X</b> Change                    | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>KNUTSON, DERYL<br>777 S. BURLESON BLVD<br>BURLESON, TX 76028  | X Delete                            | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | C/VP<br>ROBEI<br>111 [<br>WINT] | ŔT R.<br>N. ORI            | HENDERSCHED<br>LANDO AVE<br>RK, FL 3278 |                                    | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>CAMP, VANN D.<br>602 COURTLAND ST STE 200<br>ORLANDO, FL 32804   | I <b>X</b> Delete                   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | PD<br>MICH<br>602 (<br>ORLA)    | COURTI                     | FETTERS<br>LAND ST, SUI<br>FL 32804     | □ Change                           | Addition   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MICH
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Michelle Fetters

Manneny

ADVENTIST HEALTH SYSTEM / SUNBELT, INC.
SUNBELT HEALTH CARE CENTERS, INC.
ADVENTIST HEALTH SYSTEM/TEXAS, INC.
MID-SOUTH NURSING HOMES, INC.

SUNBELT LEASING & MANAGEMENT SERVICES, INC. ROLLINS BEDFORD CORPORATION SHCC SERVICES, INC.

> SUNBELT LIVING CENTERS, INC. SHAWNEE MISSION HEALTH CARE, INC.

> > Year: 2004
> > \*Officers & Board Members

1. \*Robert R. Henderschedt, Sr. VP 1998-present

Adventist Health System 111 North Orlando Avenue Winter Park, FL 32789

(407) 975-1419

2. Michelle Fetters, President June 2003- present

Adventist Care Centers 602 Courtland Street, Suite 200 Orlando, FL 32804

(407) 975-3005

. . \_ . . . \_ \_

3. \* Richard P. Center, Treasurer 1995-present Southern Union Conference of SDA 3978 Memorial Drive Decatur, GA 30032

(404) 299-1832

4. Gary C. Skilton, Treasurer 1997-present
Adventist Health System
111 North Orlando Avenue
Winter Park, FL 32789

(407) 975-1460

 J. Deryl Knutson, Treasurer 1997-present Southwestern Union Conf. of SDA

777 South Burleson Blvd. Burleson, TX 76028

(817) 295-0476

6. Richard K. Reiner, Sr. Vice President 1995-present

Florida Hospital 2400 Bedford Road Orlando, FL 32803

(407) 303-7658

7. Sandra K. Johnson, Vice President 1998-present
Adventist Health System

111 North Orlando Avenue Winter Park, FL 32789

(407) 975-1402

8. Peter M. Weber, President 1998-present
Huguley Memorial Medical Center
11801 S. Freeway
P.O. Box 6337
Fort Worth, TX 76115-0337

(817) 293-9110

9. Thomas L. Werner, President 2000 - present

Adventist Health System 111 North Orlando Avenue Winter Park, FL 32789

(407) 975-1418

10. Terry D. Shaw, Treasurer 2000- present

Adventist Health System 111 North Orlando Avenue Winter Park, FL 32789

(407) 975-1405

 G. Thomas Evans, CPA, Treasurer Feb 2003-present Mid-America Union Conference of SDA 8307 Pine Lake Road Lincoln, NE 68516

(402) 484-3006

12. Paul C. Rathbun, Sr. Vice President Jan 2004-present Adventist Health System

111 North Orlando Avenue Winter Park, FL 32789

(407) 975-1473

\* Robert R. Henderschedt - Chairman of the Board

\*\* Richard P. Center - Secretary-Treasurer

BOARDACC/MEMBER-03 Rev 1/04